

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM TOS-875)

SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/945,535</div>	FILING DATE
APPLICANT(S)	

8/10/97

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	<del>1</del>	<del>1</del>				
4	<del>1</del>	<del>1</del>				
5	<del>1</del>	<del>1</del>				
6		1				
7		1				
8		1				
9	1					
10		1				
11	<del>1</del>	<del>1</del>				
12	<del>1</del>	<del>1</del>				
13	<del>1</del>	<del>1</del>				
14	1					
15		1				
16	<del>1</del>	<del>1</del>				
17	<del>1</del>	<del>1</del>				
18	<del>1</del>	<del>1</del>				
19		1				
20		1				
21		1				
22	1	<del>1</del>				
23		1				
24	<del>1</del>	<del>1</del>				
25	<del>1</del>	<del>1</del>				
26	<del>1</del>	<del>1</del>				
27		1				
28		1				
29		1				
30	1					
31		1				
32	<del>1</del>	<del>1</del>				
33	<del>1</del>	<del>1</del>				
34	<del>1</del>	<del>1</del>				
35		1				
36		1				
37		1				
38	<del>1</del>	<del>1</del>				
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49	<del>1</del>	<del>1</del>				
50	<del>1</del>	<del>1</del>				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	<del>1</del>	<del>1</del>				
54		1				
55	1					
56		1				
57	<del>1</del>	<del>1</del>				
58	<del>1</del>	<del>1</del>				
59	<del>1</del>	<del>1</del>				
60	<del>1</del>	<del>1</del>				
61	<del>1</del>	<del>1</del>				
62	1					
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98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	28					